

**INDIVIDUAL SEWAGE TREATMENT SYSTEM INSPECTION FORM
AITKIN COUNTY, MINNESOTA**

Township _____ Date of Inspection _____ Permit Number _____
Owner _____ Parcel Number _____
Project Address _____ Installer _____
City _____ Zip Code _____
New Repair

SETBACKS:

Buildings to tank(s) _____
Buildings to drainfield _____
Well(s) 50' or 100' _____
Lake/Creek/Wetland _____

SEPTIC TANKS:

New _____ Existing _____

Number of tanks installed _____
Liquid capacity and type _____
Type of baffle _____
Inspection pipes _____
Manholes size _____
Manhole to grade Yes _____ No _____

PUMPS:

New _____ Existing _____

Tank capacity and type _____
Pump manufacturer & model # _____
Horsepower & GPM _____
Feet of head _____
Gallons per cycle _____
Size of discharge line _____
Type & location of alarm _____
Water meter _____

DIST. or DROP BOX & TYPE _____

TRENCHES, BEDS, OR GRAVELLESS LEACHFIELD:

Trench depth _____
Trench length _____
Trench bottom width _____
Trench spacing _____
Drainfield rock below pipe _____
Size of gravelless pipe _____
Depth of backfill _____
Absorption area: square feet _____
lineal feet _____

MOUNDS:

Percent slope _____
Upslope dike width _____
Downslope dike width _____
Sideslope dike width _____
Drainfield rock below pipe _____
Depth of sand below rock _____
Perforation size & spacing _____
Pipe size & spacing _____
Dimensions of rock bed _____
Dimensions of sand base _____
Final cover _____

DRAWING OF SYSTEM: (include soils)

Inspector's Comments: _____

Inspector's Signature _____ Installer's Signature _____

AITKIN COUNTY
CERTIFICATE OF INSTALLATION/~~NOTICE OF NONCOMPLIANCE~~

This certificate of installation/~~notice of noncompliance~~ has been issued this _____ day of _____, 20____ to certify compliance/~~noncompliance~~ with Aitkin County's Subsurface Sewage Treatment System Ordinance.

The premises covered by this certificate are legally described as: _____

Section _____ Township _____ Range _____ Lake _____
PERMIT NO. _____ Owner Name _____
Address _____
Installer Name _____
Type of System Inspected _____
Parcel Number _____

The certificate of installation/~~notice of noncompliance~~ was based on No ___ of the following:

- 1) Inspection of the installation or construction as in accordance with the above referenced permit and application design.

- 2) Review of as-built plans submitted in accordance with Subdivision 9.2 D of Aitkin County's Subsurface Sewage Treatment System Ordinance.

If the above permitted subsurface sewage treatment system is in noncompliance with Aitkin County's Subsurface Sewage Treatment System Ordinance, then the following shall serve as a Notice of Violation:

- 1) Statement of the findings of fact through inspections or investigations:

- 2) List of specific violations of Ordinance: _____

- 3) Requirements for correction or removal of violations: _____

- 4) Time schedule for compliance: _____

Failure to correct or remove the above violation(s) will result in this matter being turned over to the Aitkin County Attorney's Office for further legal action, which may result in revocation of licenses or registrations, fines and/or imprisonment.

INSPECTOR SIGNATURE _____

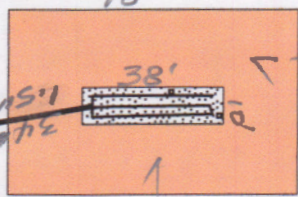


Acc.
Bldg.

Bldg. w/
residence
3BR

DDJ
TOKYO
AREA

Jac.
1650
combo
tank



72'

50'

ØSB

60'

State Hwy 65

SOIL

14-0-000402
George Thiapaja